

RABBIT ADOPTION QUESTIONNAIRE

| Name | Date |
|-----------|---|
| Address _ | |
| Home Pho | one Work Phone |
| you adopt | for considering adopting an orphan from our shelter. You will be making a 8-12 year commitment to the rabbit and our goal is to help make the best match possible for you <u>and</u> the orphaned rabbit you are interested in. The questions will help us achieve that goal. |
| 1) | Do you currently live in a □House □Apartment □Condo □Other |
| 2) | Do you currently □Rent □Own □Lease the residence where you live? |
| 3) | How long have you lived at your current residence? |
| | property owner, Seattle Animal Shelter has my permission to verify current pet policy ord's Name Phone Number () |
| 4) | How many adults live in your home? |
| 5) | How many children? Ages |
| 6) | Does anyone in your household have allergies to rabbits or hay/alfalfa? □Yes □No |
| 7) | Who will be primarily responsible for the care of this rabbit? |
| 8) | Is this rabbit a gift? □Yes □No If yes, for whom? |
| 9) | Which of the following best describes your reasons for wanting this rabbit? (Check all that apply) |
| | $\label{eq:companion} \Box \mbox{Breeding} \Box \mbox{ For the children} \Box \mbox{ Companion for other pet } \Box \mbox{ Classroom Use/Pet}$ |
| 10) | How many hours will the rabbit be alone from people each day? |
| 11) | How will the rabbit be housed? □Inside cage □Outside hutch □ Loose in house □In garage |
| 12) | Are you prepared to take this rabbit with you if you move? |
| 13) | What will happen to the rabbit if you go on vacation or out of town? |
| 14) | How many hours each day will you be interacting with the rabbit? |
| 15) | Have you ever owned a rabbit? If yes, how long ago? What happened to the |
| | net? |



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Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own

| Breed | Age | Sex | Spayed/No | eutered Owned how long? | Does the pet still live with you? If not, what happened to him/her | |
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| 17) | If yo | u have | other pet | s, are their vaccinations | current? □Yes □No | |
| 18) | If yo | u have | other pet | s, are they currently lice | ensed? \(\subseteq \text{Yes} \) \(\subseteq \text{No} \) | |
| 19) | Do you have a regular veterinarian? □Yes □No Name | | | | | |
| 20) | Under what circumstances would you not keep this rabbit? | | | | | |
| - / | | | | | | |
| 21) | How much do you expect to spend per year to care for this rabbit (cage, food, supplies, toys) | | | | | |
| 22) | Please check the topics you would like our staff to discuss with you today | | | | | |
| | □Lit | tterbox | Training | □Indoor vs. Outdo | oor | |
| | □Sp | aying/N | Neutering | Exercise Require | ements Diet | |
| | □Ca | iging | | Proper handling | techniques Rabbits and kids | |
| ve can re eattle Ai | esult in nimal S | n my bei Shelter. | ing denied I unders | d adoption of an animal o stand that all animals add | te best of my knowledge. I also acknowledge falsification of the or, if an animal has been adopted to me, the return of that animal pyted from Seattle Animal Shelter must successfully pass a heal d before they are released from the shelter. | |
| ned | | | | | Date | |
| | ber | | ъ. | iewed by | Date | |